

Ackd. 19/12/61

CHESHIRE COUNTY COUNCIL

EDUCATION COMMITTEE



REPORT

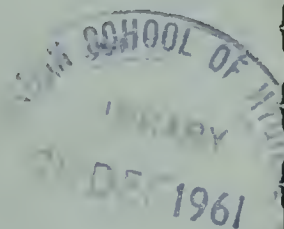
for the year 1960

BY

The Principal
School Medical Officer



CHESTER:
PHILLIPSON AND GOLDR LTD., FRODSHAM STREET



STAFF

Principal School Medical Officer:

ARNOLD BROWN, M.B., CH.B., D.P.H.

Deputy Principal School Medical Officer:

B. G. GRETTON-WATSON, M.A., M.B., B.CH., D.P.H., Barrister-at-Law

Senior School Medical Officer:

H. CRAIG, L.R.C.P. & S., L.R.F.P.S.

Assistant County Medical Officers:

JESSIE ANDERSON, M.B., CH.B., D.P.H.	AITOLIA ENGLISH, M.R.C.S., L.R.C.P., M.B., B.S., D.C.H.
R. CARGILL, M.B., CH.B.	BARBARA JONES, M.B., CH.B.
S. CARUANA, M.D., B.SC., D.T.M.&H., D.P.H.	JANET JONES M.B., CH.B.
MARGARET CATON, M.R.C.S., L.R.C.P.	MARJORIE JUKES, M.B., CH.B., D.P.H.
JENNY CRAIG, M.B., CH.B., D.P.H.	CITA KERSHAW, M.B., CH.B.
MARGARET CROSLAND, M.B., CH.B.	HILDA LEVIS, M.R.C.S., L.R.C.P., M.B., B.S., D.P.H.
HILDA DEAN, M.R.C.S., L.R.C.P.	H. SUMMERS, M.SC., M.B., CH.B., D.P.H.
	JESSIE TOUGH, M.B., CH.B., D.P.H.

Divisional School Medical Officers:

Altrincham—D. LONGBOTTOM, M.B., CH.B., D.P.H.	Nantwich—R. K. HAY, M.D., B.CH., B.A.O., D.P.H.
Bebington—F. S. MELVILLE, M.B., CH.B., D.P.H.	N.E. Cheshire—T. W. BRINDLE, M.B., CH.B., D.P.H.
Cheadle and Wilmslow—H. M. THOMAS, M.B., CH.B., D.C.H., D.P.H.	Runcorn—J. L. PATTERSON, M.B., CH.B., D.P.H.
Crewe—D. G. CRAWSHAW, M.B., M.R.C.S., D.C.H., D.P.H.	Sale and Lymm—E. H. GORDON, M.D., B.CH., B.A.O., D.P.H.
Deeside—J. HATTON, M.D., D.P.H.	S.E. Cheshire—L. RICH, M.B., CH.B., M.R.C.O.G., D.P.H.
Hyde—W. TURNER, M.B., CH.B. D.P.H., LL.B.	S.W. Cheshire—W. J. BIRCHALL, M.B., M.R.C.S., L.R.C.P., D.P.H.
Macclesfield—W. R. PLEWS, L.R.C.P. & S., D.R.C.O.G., D.P.H.	Stalybridge and Dukinfield— T. HOLME, M.B., CH.B., D.P.H.
Mid-Cheshire—W. S. SLATER, M.B., M.R.C.S., D.P.H.	

Paediatrician (Part-time):

J. D. ALLAN, M.D., F.R.C.P.

Ophthalmic Surgeons (Part-time):

B. BOAS, M.D.	C. JACOBS, M.D., M.B., B.S.
P. J. DEVLIN, M.B., CH.B., D.O.M.S.	E. RILEY, M.B., CH.B., D.O.M.S.
J. D. E. EDWARDS, M.B., CH.B., D.O.M.S., R.C.P.S.I.	L. R. C. ROSE, L.M.S.S.A., D.O.
A. HOLMES-SMITH, M.A., M.B., B.CHIR., D.O.M.S.	DOROTHY SIMMONS, M.B., CH.B.

Orthopaedic Surgeons (Part-time):

T. JACKSON, M.R.C.S., L.R.C.P.	G. T. PARTRIDGE, M.A., M.B., F.R.C.S.
E. M. KUPFER, M.B., B.S., F.R.C.S.	
J. L. MANGAN, F.R.C.S.I.	R. ROAF, M.A., F.R.C.S.
K. MARKS, F.R.C.S., M.CH.	G. A. WETHERELL, M.B., M.CH., F.R.C.S.
T. McSWEENEY, M.B., M.CH., F.R.C.S.	
A. G. O'MALLEY, M.CH., F.R.C.S.	

Ear, Nose and Throat Surgeons (Part-time):

O. T. TAYLOR, M.B., CH.B.
J. M. KODICEK, M.B., B.S., F.R.C.S., L.R.C.P.

Consultants in Audiology (Part-time):

PROFESSOR SIR ALEXANDER EWING DR. I. G. TAYLOR

School Dental Surgeons:

A. F. HELY, C.B., L.D.S. (Principal)	H. JACKSON, L.D.S.
A. E. ALLEN, L.D.S., R.F.P.S.	LISBETH KIPPEN, L.D.S., D.P.D.
EDITH ANDREW, L.D.S.	IRENE KURER, B.D.S. (<i>part-time</i>)
J. B. ANDREW, L.D.S., R.C.S., B.D.S.	A. N. LEICESTER, B.D.S.
J. M. ARANY, M.D., L.D.S., R.F.P.S.	H. P. MEED, L.D.S.
M. K. BARON, L.D.S.	RUTH OWEN, L.D.S.
E. BRADLEY, L.D.S.	E. S. POULTER, L.D.S.
DOROTHY COATES, L.D.S.	J. A. REECE, L.D.S. (<i>part time</i>)
G. H. CRAINE, B.D.S.	H. W. S. SHEASBY, L.D.S.
MARGARET DAVIS, B.D.S. (<i>part-</i> <i>time</i>)	K. V. SHUTE, L.D.S.
D. M. DODD, B.D.S.	E. J. TAYLOR, L.D.S.
JEAN HALL, L.D.S., R.C.S. (<i>part-time</i>)	E. TWELVES, L.D.S.
G. J. HARTLEY, L.D.S.	DOROTHY WALKER, L.D.S.
R. H. HURST, L.D.S.	R. S. WOOD, L.D.S.

Chief Administrative Assistant:

B. O'CONNOR, M.A., Barrister-at-Law

Health Visitors and School Nurses: 119.

Dental Nurses and Attendants: 28. Clerk-Attendants: 14.

Speech Therapists:

RAYLEEN EATON, L.C.S.T.	MARGARET JOHNSON, L.C.S.T.
KATHLEEN JONES, L.C.S.T.	GILLIAN BARLOW, L.C.S.T.
MELBA LOYNES, L.C.S.T. (<i>part-time</i>)	

Occupational Therapist :

MARGARET SLATER †

Physiotherapists :

CHRISTINA COOKE JOYCE URMSON. †

Psychologists :

T. W. CRABTREE	NORMA GRINNELL
EVA FOOTE	J. WALKER

Psychological Social Workers :

ELLEN HOWITT PHYLLIS REDFARN

Peripatetic Teachers of the Deaf :

P. R. BUCKINGHAM PAULINE CARR

†Appointed for treatment of children suffering from cerebral palsy

INTRODUCTION

*To the Chairman and Members
of the County Education Committee.*

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present my Annual Report on the School Health Service for the year 1960.

The number of pupils enrolled on 31st December, 1960, was 133,048, an increase of 5,562 over the previous year and of 41,350 or 45% over the corresponding figure for ten years ago, 31st December, 1950.

81.9% of present pupils received school milk (as against 85.6% in the previous year) and 58.99% partook of school meals (54.29% in 1959).

Fifteen Assistant County Medical Officers were employed in the School Health Service. The service sustained a severe loss by the retirement, after 31 years with Cheshire, of Dr. R. J. Clark, who after some years of experience in general practice developed an absorbed interest in the health of school children, and soon became greatly loved by teachers and pupils in the Runcorn Urban and Rural areas.

Only 0.27% of school children examined at periodic inspection were found to be other than in satisfactory physical condition.

Whereas ten years ago the number of pupils who underwent periodic medical inspection was approximately 27,000, this figure had risen by 55% to 41,870 in 1960. The proportion of children requiring treatment for defective vision in 1960 (5.3%) was approximately the same as in 1950 (5.0%), but that of children requiring treatment for other defects had declined from 15.3% to as low as 7.1%. The most notable decrease has been in defects of the nose and throat, which had decreased in frequency from 5.7% of children examined to 1.4%. Other defects requiring treatment where the incidence had diminished over the 10-year period were postural defects, heart or lung defects, diseases of the lymph glands and defects of the ear or eye other than of hearing or vision. The total number of pupils selected at periodic medical inspection in 1960 as requiring either treatment or observation was statistically significantly less than ten years before, and so far as pupils requiring treatment were concerned the percentage decrease was even greater. When measured by statistics shewn in successive Annual Reports on the School Health Service, it would be true to say that there has been a definite and significant improvement in the health of Cheshire school children over the past ten years. The pattern of the medical work in the School Health Service is therefore changing. There is less insistence on bodily defects, but far more time is spent on the estimation of intelligence and in the investigation of psychological and behaviour difficulties. Such work requires more patience on the part of the doctor, but is important from the standpoint of prevention

of mental ill-health and therefore very rewarding. Arrangements have been made for certain medical officers to attend at child guidance clinics.

The measures adopted in the previous year for the ascertainment of deafness have proved their usefulness. 90 Health Visitors at 46 centres carry out screening tests on infants between the ages of nine and twelve months. Those infants who fail the tests are referred to the Assistant County Medical Officer and thence, if necessary, to the nearest audiology clinic, where consultation takes place between the Ear, Nose and Throat Surgeon, the Consultant Audiologist and the teacher of the deaf. Figures regarding this work are given in the section "Ascertainment of Deafness" later in this report. There can be no doubt of the wisdom of the policy of ascertainment at an early age, followed by training and use of residual hearing on the lines worked out at the Manchester University department of teaching of the deaf, and, if possible, education at ordinary schools with assistance from the peripatetic teachers of the deaf. Great care is taken that the hearing aid used by a child is the most suitable one and if the aid obtainable through the National Health Service is not sufficiently helpful, the appropriate aid is supplied.

Attention is drawn to the comments of the Principal School Dental Officer on the staffing of the dental service. At the time of writing, 23 dental surgeons are employed full-time and 4 part-time, each for five sessions weekly or more. More than these are required to provide full dental care. Although no part of the County is without a dental surgeon, the number of pupils under their care is such that the amount of work which accumulates between visits to individual schools is excessive and the time to be spent in treating those dental defects becomes progressively longer. The policy of the Education Committee is that each dentist shall have full professional freedom and responsibility for the children in his care and that the dental clinics shall be pleasant places in which dentists may work and children have their treatment in an unhurried manner. Excellent work is being done by dental surgeons who after reaching the age of 45 years have retired from general practice and entered the local authority dental service, and they express satisfaction with the policy under which the school dental service is conducted, and particularly with the opportunities afforded to them of performing the meticulous, careful work so essential in children's dentistry.

It is gratifying to note in Dr. Holmes-Smith's contribution his appreciation of the field-work done by the health visitors in their capacity of school nurses who, knowing the children from earliest infancy are able to discern handicaps whether of vision or hearing at an early age and encourage parents to secure treatment as soon as possible.

The Cerebral Palsy team has continued its work in those parts of the County remote from the special units at the Duchess of York

Hospital (Manchester) and Clatterbridge Hospital (Wirral). 189 children of school age are ascertained as suffering from cerebral palsy. Of these 126 are in ordinary schools, 23 in special residential schools, eight are receiving home tuition, and only 33 are regarded as unsuitable for education.

The new clinic centres at Ellesmere Port and Sandbach each include a child guidance suite. Other clinics have been established at Handforth and Hale, and use is made of the child psychiatric units at Clatterbridge (Wirral), and to a smaller extent at Booth Hall (Manchester) and of local authority clinics in neighbouring County Boroughs. Consultant psychiatrists have been allocated to most of the clinics by the Regional Hospital Boards and the remaining ones are under the care of the Senior School Medical Officer. Each clinic has a share of the services of a psychologist on the County staff. The building up of a full Child Guidance Service is, however, proceeding very slowly because of the extreme difficulty in recruiting social workers, not necessarily holders of the Psychiatric Social Worker's certificate, but women of suitable experience, interest and personality, to do this work. Advertisements offering posts for trainees possessing a sufficient educational background for entry to one-year courses at Manchester and Liverpool Universities have not proved fruitful.

The invaluable discussions between the County Medical staff and the Consultant Paediatricians in the County have continued with beneficial results to those children who have been receiving hospital attention. In this connexion, appreciative mention must be made of the hospital schools established wherever a sufficient number of children are hospital in-patients, and staying long enough to warrant this provision.

68 children were reported to the Education Committee as requiring examination to determine unsuitability for school because of educational subnormality. Of these, 57 were found unsuitable, two placed in special schools, two were allowed to remain at ordinary schools, an opinion was postponed in two cases, and in five the procedure was incomplete at the year end. One child previously considered unsuitable was, after attending a training centre, pronounced suitable for school.

Vacancies recur to an abnormal extent among speech therapists and in some areas the tenure of a post has been short due to marriage. The unfortunate result is lack of continuity of treatment whilst a new appointment is being made.

Examinations of school milk and for the bacterial cleanliness of school milk bottles again shewed satisfactory results.

My thanks, as always, are due to the Chairman and members of the Special Services Sub-Committee of the Education Committee. To the Director of Education and the County Architect I tender my

gratitude for their unfailing help and co-operation, and I acknowledge a great debt to the Headmasters and Teachers in the schools who give their co-operation so readily on all occasions, and often at no little inconvenience to themselves.

My own staff, professional and lay, have again demonstrated their enthusiasm and kindness throughout the year, and to them I give my grateful thanks.

I beg to remain,

Your obedient servant,

ARNOLD BROWN,

Principal School Medical Officer

August, 1961.

General Statistics

The Administrative County of Cheshire comprised 42 County Districts, namely 10 Municipal Boroughs, 22 Urban Districts and 10 Rural Districts.

The population estimated by the Registrar-General at mid-1960 was 899,580.

The total number of Schools in the educational area at 31/12/60 with their enrolments was as follows:—

Primary	.....	.....	.....	.....	456	79,684
Secondary (Grammar)	.....	.....	.....	.....	26	19,323
Secondary (Modern)	.....	.....	.....	.....	73	34,041

At the end of 1960 there were 99,865 children in maintained schools receiving school milk (81·9% of those present) and 71,804 receiving school meals (58·99% of those present). Of the 71,804 meals 2,391 were supplied free.

No school was closed on the recommendation of the Principal School Medical Officer in 1960 on account of infectious disease.

The School Dental Service in 1960

(from Mr. A. F. Hely)

(1) General

The problem of providing a full dental service for the children of Cheshire County is still proving insoluble.

This is a national problem, and in showing a slight numerical increase in dental officers during 1960 the general situation would appear to be more favourable in Cheshire than that stated to exist by the Chief Medical Officer of the Ministry of Education in his 1959 report for the whole of the country. He reports a decrease in equivalent full-time dental officers. There is little reason to believe that this position has altered during 1960.

Although the position appears favourable in Cheshire, the continued increase in school population offsets the advantage, and dental officers cannot cope efficiently with the requirements of all their patients as regularly and frequently as is necessary. The time lag between routine inspections is far too long, as a result, a great deal of work presents itself in each individual patient and the consequent time spent in dealing with it prevents the dental officer from carrying out a properly organised regular plan of inspection and treatment throughout the year.

Within the County, dental officers have always tried to provide a high standard of dentistry for their patients, and it would be wrong, in my opinion, to lower these standards even if the professional conscience of dental officers would tolerate the suggestion.

The endeavours of dental officers to maintain their standards are reflected in the number of children they can treat during the year.

Since all dental treatment for children, whether carried out in clinics, hospitals, or private practice, is free, the public attitude to strict adherence to dental appointments is, in far too many cases, casual, and valuable time is wasted by broken appointments. It must be admitted that bad weather, sickness, or some other priority demand on the child's available time are reasonable excuses, but the majority of broken appointments do not fall under these headings, and, as in the case of acceptance of dental treatment, the main offenders are senior children who appear, these days, to decide their own course of action. This problem is also noticed in private practice and hospitals. It is perhaps interesting to note that a Cheshire Dental Officer, attending an anaesthetic course in London at the Eastman Clinic, reported on his return, that individual members of the course were not able to complete the number of practical cases proposed because there were too many broken appointments.

The overall dental condition of the school children in Cheshire is fair. It is estimated that not more than two to three per cent of the children inspected show no signs of having received dental treatment at all. No area in the County is without its share of available manpower. Despite the fact that with our present staff we can only compete with a proportion of the children in our care within the year, this is compensated for by the demand of certain groups for private treatment.

This demand can be appreciated for the following main reasons:—

- (a) The School Dental Officer inspects a School on the average about once in eighteen months. The private practitioner may inspect and treat a child three times a year.
- (b) A parent may find that a private practitioner is geographically more conveniently situated than a clinic, and in these days, when children of the eleven plus group travel long distances from their homes to their new schools, parents who prefer to be present during their children's course of treatment tend to select their own local private dental surgeon and make appointments coinciding with their own.
- (c) A social attitude of mind becomes apparent in senior children, especially those attending a Grammar School. Visits to a private practitioner are considered more in keeping with their new status, and one frequently hears the remark made in a superior manner, "I have my own private dentist now".
- (d) A continuity of treatment can be guaranteed by the same dental surgeon no matter what changes occur in the transference of the child to new schools, or the change of dental officers in clinics.

There is no doubt that the public generally are becoming more dentally minded and are prepared to seek and accept dental treatment

more readily than in the past, but the great problem appears to be that there is little change in eating habits and early routines of oral hygiene which could prevent so much dental disease. Especially is this noticeable in the working class child. Money for all purposes seems freely available to them and is spent on unlimited amounts of sweets, cakes and biscuits, without any attempt being made by the parent to train or teach the child in oral hygiene. The results are dentally disastrous.

Much has been written on the fluoridation of water supplies. Nationally controlled experiments are being carried out in certain areas, but this is not the complete solution to arresting dental decay. One writer suggests that since fluorides act topically and not by absorption little effect on dental disease will be noticed in a mouth in which oral hygiene is not practised.

(2) Staffing

The year passed without any resignations. One dental officer was granted leave to attend a ten months post-graduate course at the Eastman Clinic in Rochester, U.S.A., and one attended an Anaesthetic Course at the Eastman Clinic in London. We were fortunate in recruiting three whole-time dental officers from private practice and one from the Royal Air Force. All have settled down well. One dental officer who resigned from the County in 1959 to find experience in private practice, decided that he was happier with Cheshire County and re-joined the Service in 1960. His return was most welcome. One part-time officer also joined during the year.

A good deal of sickness amongst the Staff during the year caused the loss of much valuable time and a disruption of work in certain areas. No less than 341 sessions were lost from this cause. Sickness was not general amongst the Staff, but one major operation, a displaced disc and a torn Achilles tendon accounted for most of the lost time.

Since National Service has ceased, a number of fully qualified men are seeking information about service with the County, but since most of these appear to be mainly interested in obtaining a post whilst they look around for better opportunities, their applications have not been pursued. None appear to want to join the Service as a career and lack of opportunity to progress appeared to be the main objection.

(3) Clinics.

- (a) All were inspected during the year and some major items of equipment were renewed.
- (b) One surgery at Bebington was re-furnished with the exception of the dental chair.
- (c) The new dental clinic at Sandbach was established with new modern equipment throughout.
- (d) A temporary dental clinic at Stalybridge was opened in the existing surgery of a retired dentist. Since the original dental clinic was demolished the lack of facilities for dental treatment

in the town has been keenly felt, and the use of the Dukinfield Clinic for this purpose was not entirely satisfactory from the patients point of view.

(4) Statistics

(a) *Staff.*

Expressed in terms of whole-time dental officers the dental staff amounted to 22 plus the Principal Dental Officer.

This is an increase of .4 on the 1959 figure. This was made up of 17 whole-time dental officers who completed a full year; four whole-time dental officers who joined at varying times throughout the year and four part-time dental officers whose total sessions amounted to an equivalent of 2.2 dental officers.

(b) *Inspections*

During 1960 the average number of children per dental officer was 6,048. The Ministry of Education's minimum suggested figure is 3000.

Of these children 67.7% were inspected compared with 66.8% in 1959, and the latest available national figure of 54.8%.

The percentage number requiring treatment was 60.6% compared with 61.6% in 1959 and the national figure of 65.7% for the same year.

Those referred for treatment amounted to 84.9% compared with 85.9% in 1959 and a national figure of 87.1%.

Children "not referred" are those who, though showing some dental defect, persistently refuse dental treatment in clinics, or are obviously under private treatment, or have dental lesions which are causing no pain in a healthy mouth and whose treatment can safely be postponed.

(c) *Children Treated*

The percentage number of children actually treated was 57.1% of those referred compared with 62.3% in 1959 and the national figure of 61.5% in the same year. Sickness, referred to elsewhere in this report played its part in reducing this figure and the fact that owing to shortages in Staff, work cannot be completed in districts in one year. A number of children who have accepted treatment and are awaiting appointments are carried on to the next year. More permanent fillings were also completed during the year and, as these operations are very time-consuming, numerically fewer children can be treated.

Not every child referred for treatment accepts it in County Clinics, and although it is difficult to obtain a true picture of children receiving private treatment, recorded figures of those actually stating private treatment amount to about 25% of those inspected.

(d) *Fillings and Extractions*

Permanent fillings per 100 children were 141 compared with 129 in 1959 and 129 nationally for the same year.

Temporary fillings per 100 children numbered 20·6 compared with 21 in 1959 and 23 nationally.

Permanent extractions amounted to 40 per hundred children compared with 48 in 1959 and 35 nationally. This reduced figure would be expected when the number of permanent fillings are examined and the fact that an area long denied the full service of a regular dental officer was brought under control in 1959.

Temporary teeth extracted per 100 children amounted to 88 compared with 97 in 1959 and a national figure of 82 for the same year.

(5) Orthodontics and Other Operations

- (a) The total number of attendances at County Clinics for orthodontics was 1,714, a reduction from the 1959 figure of 2,049. This was largely due to the loss from the Staff of a dental officer who was an experienced Orthodontist. A direct result of his departure is shown by the fact that 260 children were referred for specialist treatment compared with 204 in 1959.
- (b) Dentures showed an increase in number and 236 were fitted in the mouths of school children as against 220 in 1959.
- (c) Crowns were fitted in 26 cases, and two gold inlays were also inserted.

(6) Holiday Appointments

Over 66% of appointments made during the school holidays were kept, which was an increase of 2% on 1959.

(7) Special Schools and Homes

Torpenhow, Grappenhall, Capenhurst Grange and Massey Hall were visited regularly by dental officers during the year, and the inmates of Wrenbury Hall also received treatment.

(8) Acknowledgements

I record my thanks to Head Teachers and Staffs in County Schools whose willing co-operation and help has always been given, and appreciated.

My grateful thanks are also due to the Principal School Medical Officer for his help and guidance during the year, and to all members of his Staff, in the field and at County Hall, for their willing help and assistance.

School Buildings

The following major works were completed or in progress during 1960—

New Schools Completed

Wilmslow Grammar School
Winsford Secondary Modern School
Nantwich Secondary Modern School
Eastham, The Rake, Infants' School
Ellesmere Port, Sutton Way, Primary School
Ellesmere Port, Overpool, Infants' School
Crewe Training College—Hostel No. 4
Thelwall County Primary School.
Great Sutton, Brookside, Infants' School
Sandbach Secondary Modern School
Malpas Secondary Modern School
Marple Grammar School

Extensions and Alterations to existing Schools completed

Partington Primary School
Marple, Rose Hill, Primary School
Frodsham C.E. (Controlled) School
Crewe Girls Grammar School
Macclesfield Girls' Grammar School

New Schools in course of erection

Ellesmere Port, Sutton, Secondary Modern School
Macclesfield, Ivy Road, Primary School
Handforth, Spath Lane, Primary School
Hazel Grove, Eyam Road, Junior School
Stockton Heath, The Cobbs, Primary School
Ellesmere Port, Atherton, Infants' School
Partington, Wood Lane, Primary School
Hale Barns Primary School
Cheadle, Orrishmere, Primary School
Mid-Cheshire College of Further Education
Crewe Training College—Hostels 5 and 6

Extensions and Alterations in course of erection

Neston Secondary Modern School
Northwich Darwin Street, Primary School
Ellesmere Port, The Grange, Secondary Modern School
Crewe County Training College

In addition, numerous smaller contracts for additional classrooms, metalwork and woodwork rooms, science laboratories, and extensions to kitchens and dining rooms, have been completed during the year and many such contracts were still in progress at the end of the year.

SPECIAL SERVICES REPORTS

Ear, Nose and Throat Service.

(From Dr. Oliver Taylor)

The duties of the County E.N.T. Surgeon involve attendance at eleven different County clinics, most of these being monthly attendances with four on alternate months. The work is concerned with the examination of children suffering from suspected E.N.T. diseases, referred either by the School Medical Officer, with the permission of the general practitioner concerned, or in a number of clinics directly referred by the child's own general practitioner.

A good number of children suffer from uncomplicated upper respiratory infection in which a diagnosis of chronic tonsillar infection, adenoid hypertrophy or sinusitis is self evident. Where surgical treatment is needed these children are listed accordingly. The minority, the more interesting and often the more rewarding, are those children suffering from deafness. Again, a division must be made between those suffering from a perceptive hearing loss and those suffering from a conductive hearing loss. This separation is not always an easy problem from a diagnostic point of view and the treatment is usually entirely different in each case. Most of the children suffering from a perceptive loss cannot be helped surgically. These children come under the care of Sir Alexander Ewing. In the latter group, that of conductive deafness, surgery of the underlying cause, or directly in the case of ear disease, can do much to restore hearing. Provided, of course, such deterioration of hearing present has not been allowed to continue for a period of time beyond which irreversible changes have occurred.

Due to the unfortunate hiatus before the present appointment, numbers at some clinics have tended to fall. In most clinics this has now been rectified. In any case, one feels it is desirable to have smaller numbers in these County clinics than in hospital out-patient departments, so that more individual attention may be given to the difficult or frightened child, confused as he often is by attendant, and occasionally, unsuspected deafness.

ATTENDANCES AT E.N.T. CLINICS, 1960

(School Children only)

Alsager	40	Hazel Grove	12
Cheadle	8	Macclesfield	15
Congleton	23	Northwich	40
Crewe	38	Poynton	4
Dukinfield	68	Sandbach	26
Ellesmere Port †	42	Winsford	16

† A Specialist from Chester Hospital Management Committee attends this clinic.

Ophthalmic Service

(from Dr. A. Holmes-Smith)

The routine work of the School Ophthalmic Service has progressed smoothly during 1960. The more specialised department of Orthoptics has been hampered by the shortage of Orthoptists which appears to be widespread. This state of affairs can only be overcome by greater entry to the profession and especially the training of some Orthoptists to Teacher's Diploma standards. I would commend the profession to the consideration of any parent whose daughter desires to work amongst children but who seeks some training other than that usual to school teachers.

The swing towards earlier diagnosis of ophthalmic defects mentioned in earlier reports continues and has resulted in further search for accurate means of assessing visual acuity at early ages. Numbers of pre-school children are examined in the clinics. Two interesting papers have been published during the year relating eye defects to diseases of pregnancy (Brit. Journal Ophth. 1960 44.172) and also to prematurity (Proc. Roy. Soc. of Med. Vol. 53. 189).

Work has been reported on the successful use of contact lenses for some children of school age with high myopia unsatisfactorily corrected by spectacles. It would seem that contact lenses may become the treatment of choice in a limited number of such children.

The general field of ophthalmology has seen the introduction of light coagulation of the retina on a wider scale. The apparatus is too bulky and expensive to come into general use save in large ophthalmic centres; essentially it is a carbon arc whose light and heat can be projected through the pupil on to the retina and thus give rise to retinal burning. This treatment should be of benefit to certain cases of retinal detachment treated unsatisfactorily hitherto and for the extirpation of certain intra-ocular tumours which have formerly been treated by enucleation and total loss of the eye.

In conclusion your Ophthalmologist would like to draw attention to the invaluable work of the Health Visitors in the clinics. They are responsible for both early treatment of many cases and for the adequate follow-up so necessary for successful treatment.

ATTENDANCES AT EYE CLINICS, 1960.

Alsager	230	Dukinfield	497
Bollington	172	Ellesmere Port	590
Bredbury	216	Frodsham	282
Cheadle	255	Hale	408
Cheadle Hulme	122	Hazel Grove	144
Congleton	352	Heswall	430
Crewe—Ludford Street	643	Hoole	136
Stalbridge Road	296	Hoylake	433

Hyde	—	—	—	405	Poynton	—	—	—	110
Knutsford	—	—	—	169	Runcorn	—	—	—	430
Lymm	—	—	—	293	Sale	—	—	—	431
Macclesfield	—	—	—	1322	Sandbach	—	—	—	697
Marple	—	—	—	163	Stalybridge	—	—	—	440
Middlewich	—	—	—	249	Stockton Heath	—	—	—	233
Nantwich	—	—	—	351	Tarporley	—	—	—	80
Neston	—	—	—	268	Weaverham	—	—	—	332
New Ferry	—	—	—	1024	Wilmslow	—	—	—	179
Northwich	—	—	—	1266	Winsford	—	—	—	300

Paediatric Service.

(from Dr. J. D. Allan).

The County Paediatric Service has continued as in previous years on the general basis of three consultative clinics per month based in the towns of Crewe and Northwich (two clinics in Crewe and one in Northwich). There is a continuous reference of patients by the general practitioners. From these clinics, as and when necessary children requiring further investigation for diagnosis are admitted to hospital, generally in Macclesfield. Both these clinics continue to fulfil very useful purposes in that a wealth of clinical material is uncovered through this agency, a fact which is due largely to the circumstances that neither Northwich nor Crewe have any official Regional Board Paediatric cover. I should say that the general practitioners are continuing to make increasing and adequate use of the service which we provide—this being particularly true of Northwich. As in previous years we have worked on the premise of using local hospitals for the more routine investigations and x-rays to avoid any unnecessary use of the ambulance service and to try to avoid loss of work and inconvenience to parents. It has been our experience that any hospital department approached thereby has co-operated invariably wholeheartedly.

The Cerebral Palsy peripatetic team continues to thrive and it is felt that this has been an unqualified success. We are still operating on the premise of trying to find and diagnose the cerebral palsied child as early in life as possible on the basis that full calibration of disability established early will result in an adequate orientation of necessary therapy at the earliest possible time. There can be no doubt that this service is useful and justified. In some cases which one might perhaps have regarded as almost hopeless, quite remarkable improvement has occurred over a period of sometimes as short as six months. Perhaps one of the best indications that the project is worthwhile is the enthusiasm and appreciation of the parents which in turn is reflected in the very high standard of attendance achieved at these clinics. The educational assessment as provided by the specially trained school medical officer is also proving increasingly useful.

The ward rounds for School Medical Officers continue to be held once a month and continue to be valuable to all concerned.

ATTENDANCES AT PAEDIATRIC CLINICS, 1960.

(School Children only)

Crewe, Ludford Street	28	Northwich, Darland House	30
Crewe, Stalbridge Road	28		

Orthopaedic Service

The orthopaedic service is the financial responsibility of Regional Hospital Boards under the National Health Service Act. The methods of ascertainment remain the same, children being referred to the surgeons by private doctors, or (with the approval of the private doctor) by School Medical Officers after medical inspection at schools or minor ailment clinics.

ATTENDANCES AT ORTHOPAEDIC CLINICS, 1960

(School Children only)

Dukinfield	592	Northwich	232
Ellesmere Port	136	Runcorn	396
Hyde	634	Stalybridge	712
New Ferry	233	Stockton Heath	95

Children attending for sunlight treatment are the responsibility of the local authority unless referred for it by the specialist. The following were the attendances during 1960 by school children at the clinics specified:—

Dukinfield	723
Hyde	499
New Ferry	342
Sale	401
Stalybridge	2053

Psychological Service.

(from Dr. H. Craig)

I have pleasure in contributing a further brief report on the development and present position of the Psychological service.

No doubt because of the active help of the Psychological and Social members of the team an increasing number of children are coming forward for advice and treatment regarding their educational and behaviour problems. Whether one thinks in terms of Child Guidance or Child Psychiatry, it is important to remember the parents of these children, and in particular the nature and quality of the relationships that exist between them and their children—for only too frequently this reflects the causation and indeed the hope of a successful issue of their problems. Herein lies the importance of having adequately trained Psychiatric Social Workers, and until we find ways and means of recruiting suitable and trained personnel for this work we cannot hope

to avoid the frustrations of an incomplete service as far as long term results are concerned. It is gratifying to know therefore that much thought is being given to this aspect of the service.

There are 154 cases on the books at the time of writing, and 52 reports have been made on young people remanded by Magistrates from the various Juvenile Courts throughout the County.

I append the usual summary of types of complaints dealt with and thank all those who brought these children to our notice, not forgetting those who have helped to make the service possible.

- (1) BEHAVIOUR PROBLEMS:—truancy 8, wandering 5, lying 7, stealing 36, difficult behaviour 24.
- (2) PSYCHOSOMATIC:—asthma 3, enuresis 5, encopresis 1, others 1.
- (3) EDUCATIONAL:—backwardness 11, school difficulties 11, suitability for grammar school 7, boarding school 6, specific reading disabilities 2.
- (4) PERSONALITY DISORDERS:—cruelty and aggression 16, fears and nervousness 8, sex difficulties 5, others 10.
- (5) MISCELLANEOUS:—speech difficulties 4, E.S.N. or M.D. 15, early psychosis 8.

Ascertainment of Deafness

An attempt is made to find as early in life as possible every child who has any difficulty with hearing, and to assess carefully his needs regarding medical treatment, education and social development. In this we are fortunate in having the continued help of Professor Sir Alexander Ewing and Dr. Ian Taylor from the University Department of Audiology and Education of the Deaf in Manchester, who conduct quarterly Audiology Clinics at each of five centres in the County.

The children seen at these clinics are selected by the Assistant County Medical Officers, all of whom have attended a short course of training at the University. They are assisted by the health visitors, ninety of whom have now been trained by Professor Ewing's Team to conduct screening tests of hearing in babies and young children. During 1960 nearly 7,000 children were tested in this way at 60 centres in the County, and those failing to respond normally to very quiet sounds are seen by the Medical Officers for further testing.

Schoolchildren whose hearing is questioned by parents, teachers, or health visitors, or at routine medical inspection, are tested by the Medical Officers, using speech and pure-tone audiometry, and an attempt is made to assess the degree of handicap caused by deafness in school progress and attainment. In this they are helped by the two Peripatetic Teachers, both of whom are trained teachers of the deaf.

In all cases where there is difficulty in determining whether the hearing is normal, or in assessing the severity or type of deafness and

the educational needs, the child is referred to one of the Audiology Clinics for the advice of Sir Alexander Ewing or Dr. Taylor. 109 children were seen at these clinics during the year, (some on more than one occasion) of whom 85 were schoolchildren and 24 were under school age. In addition a number of children were seen at the Audiology Clinic at Clatterbridge Hospital and at the University Department.

Where deafness is confirmed the child is referred either through the family doctor, or with his consent, for otological opinion and possible treatment, and where appropriate, a hearing aid is supplied through the National Health Service. Sixteen of our health visitors have had special training in the guidance of parents of young deaf children, to help them in home training for the development of speech and language, and this is undertaken in appropriate cases under supervision. Schoolchildren requiring help are referred to the peripatetic teachers of the deaf, who see them regularly at various clinic centres to give help with lip-reading, and speech improvement, using a speech training hearing aid. They also go into the ordinary schools to offer guidance to teachers with partially deaf children in their classes.

At the end of the year 280 children attending ordinary schools were known to have defective hearing, some of a temporary nature, which may be improved by treatment, and others more permanent. More than 90 of these children were using hearing aids, and having help from the peripatetic teachers; others were under review or awaiting treatment, and three were awaiting places at schools for the partially deaf. 72 Cheshire children were at special schools for the Partially Deaf, and 35 attending and three awaiting places at special schools for the Deaf (a few of these being still under five years old).

AUDIOLOGY CLINICS—1960

CENTRE	New Cases Seen			Attendances		
	Pre-School	School	Total	Pre-School	School	Total
Hale	6	17	23	10	22	32
Crewe	2	22	24	3	28	31
Chester	7	14	21	13	15	28
Cheadle or Macclesfield	4	17	21	7	23	30
Romiley	5	15	20	6	18	24
TOTAL	24	85	109	39	106	155

CLASSES HELD BY PERIPATETIC TEACHERS OF THE DEAF, 1960

(a) MRS. P. CARR

	No. of Children on Register Dec. 1959	No. of New Cases admitted 1960	No. of Children discharged 1960	Total Attendances
Crewe (Stalbridge Road)	6	11	—	108
Hale	7	6	—	68
Romiley	5	14	1	96
Macclesfield (Hurdsfield House)	9	11	—	117
Sale (commenced 31/5/60)	—	7	—	58
Cheadle (commenced 30.6.60)	—	7	—	50

(b) MR. P. R. BUCKINGHAM

THE FOLLOWING CLASSES COMMENCED 1ST FEBRUARY, 1960

	No. of Children admitted 1/2/1960	No. of New Cases admitted after 1/2/1960	No. of Children discharged 1960	Total Attendances
Heswall	7	4	2	100
Northwich (Parkfield)	13	24	3	196
Little Sutton	13	23	2	217
Runcorn	8	15	2	147

Cerebral Palsy

The cerebral palsy peripatetic team of a physiotherapist and an occupational therapist which was started in April, 1956, continues to operate at clinic centres at Cheadle, Crewe, Macclesfield and Weaverham, and once a month at each clinic Dr. J. D. Allan, the Consultant Paediatrician, attends. The team works in close contact with the appropriate speech therapist and has the services of an Assistant County Medical Officer specially trained in the ascertainment of intelligence in physically handicapped children. Twice each year a special meeting is held of all officers concerned to review all cases attending the clinics. Children usually attend the clinics for treatment once or twice each week. The object is to start the treatment of a cerebral palsied child as early in life as possible, and there have been several cases which have shewn remarkable improvement over a period as short as six months.

The table below gives details of the children attending the clinics during 1960:—

Clinic	No. of sessions weekly	Number of children		
		Attending 31/12/60	Admitted 1960	Discharged 1960
Cheadle	2	9	5	7
Crewe	3	16	4	1
Macclesfield	2	15	4	1
Weaverham	3	13	4	1

Torpenhow Open Air School

The school is situated on the hill at Frankby overlooking the estuary of the River Dee.

There is accommodation for 78 pupils suffering from malnutrition, general debility and chest conditions such as asthma, bronchitis, and bronchiectasis. In addition, children who are contacts of cases of open pulmonary tuberculosis are segregated from the source of infection by being admitted to the school. School children of both sexes within the age range of 7-11 years are admitted.

Children suitable for admission are selected by the School Medical Officers at medical inspections and enter Torpenhow Open-Air School initially for a period of six months, this being renewed if found to be necessary. Pupils remain at Torpenhow throughout the year, with the exception of the month of August, and attend the school during the normal school term. During the school holidays a number of recreational activities such as walks, picnics, games and visits to places of interest are organised.

Owing to the general improvement in the health of children and housing conditions generally over the past few years the demand for open-air school education by Cheshire children has declined. In consequence of this, a number of local Education Authorities have been given particulars of the school with a view to inviting applications for suitable children residing within their areas, and during the year four children from other Authorities attended the School.

During the year 128 children were admitted and 129 were discharged. They were classified according to their various disabilities as follows:—

	Admissions		Discharges	
	Boys	Girls	Boys	Girls
General Debility	51	41	57	43
Asthma	10	3	9	4
Bronchitis	6	6	6	5
Bronchiectasis	1	—	—	1
Eczema and Asthma	8	—	2	—
Contacts of Tuberculosis	—	2	—	2
	76	52	74	55

Grappenhall Hall School

This school has 100 places for educationally sub-normal boys generally within the I.Q. range of 55-75 aged 8-16 years, who suffer from additional difficulties such as poor environment, maladjustment, delinquent tendencies. In certain cases boys are admitted for a trial period in order to determine whether or not they are suitable for education when this is in doubt.

The progress of the boys is kept under constant review and those who prove to be unsuitable for education are excluded. At the other end of the scale a watch is constantly kept for the boy who makes exceptionally good progress which may justify his re-entry to an ordinary school. As a result of this constant review, there is an indication that the majority of boys remaining at the school to the age of 16 years will be able to take up ordinary employment.

The school was fully occupied all year, during which there were 16 new admissions taking the place of children discharged.

The School Dental Surgeon carried out 100 inspections at the school in 1960, and of the 52 boys found to require treatment 50 were actually treated before the end of the year.

Capenhurst Grange School

There are 38 places for girls at this school which accepts the same type of child and is conducted on the same general lines as the Grappenhall Hall School. These places were fully occupied throughout 1960 when there were 11 new admissions replacing children discharged.

During the year, the School Dental Surgeon made 75 inspections at the school, and 23 children were found to require treatment. Before the end of the year 20 children received treatment.

Milk in Schools Scheme

All milk supplies under this scheme are subject to the approval of the County Medical Officer, and the County Health Department supervises all supplies mainly by means of systematic sampling.

Until 24th November, 1960, these samples were examined in the County Health Department's own laboratory. This laboratory was then closed, and the services of the new laboratory in Chester of the Public Health Laboratory Service, were utilised. This Service is directed by the Medical Research Council for the Ministry of Health, and gives free examinations to local authorities for all public health bacteriological purposes.

Any new supply proposed for any particular school is first referred by the Director of Education to the Health Department for approval.

So far as the approval of particular sources is concerned, the first choice is a supply of pasteurised milk. If this is not available, a supply

of tuberculin-tested (raw) milk is approved. As will be seen from the table at the end of this section, at the end of the year, only eight of the 669 schools in the county were being supplied with raw tuberculin-tested milk, the whole of the remainder having a supply of pasteurised milk.

No school in the county was without a supply of liquid milk at any time during the year.

During 1960, sampling of all the school milk supplies throughout the County continued, all samples being collected at the schools themselves. A total of 1,703 samples was collected, as compared with 1,886 in 1959. All the schools in the administrative county are visited with the exception of the thirty schools in the area of the Crewe Borough Council. Here the Borough Health Department carry out regular school milk sampling by arrangement with the County Health Department and notify all results. During 1960, 41 samples were collected at the Crewe Schools. All were satisfactory on the methylene blue test. Only 34 of the samples could be examined by the phosphatase test owing to delay in reaching the laboratory, but all 34 were satisfactory.

Of the 1,670 samples of pasteurised milk collected by the County Health Department, three samples failed on the methylene blue test (for cleanliness and keeping quality), and five on the phosphatase test (for adequate pasteurisation).

Immediate action in case of sample failures is taken by the County Health Inspector.

The three methylene blue failures were on milk from three different dairies, and after appropriate action no further failures occurred. The five phosphatase failures concerned three dairies, one of which was situated in the area of an adjoining County Borough, and this case was referred to the Health Department of that authority for appropriate action. Two of the failures were from a dairy which had been giving trouble towards the end of 1959 (see report for that year) and which continued to give the Department concern in the early months of 1960. A further prosecution was taken in May, 1960, and the firm were fined £40. At this stage it was proposed to terminate the school milk contract, but at the end of May the business was sold to a large dairy combine, and the premises have not been used as a dairy from that date. The remaining two phosphatase failures were on samples taken on the same day from two schools supplied by the same firm. The milk was processed on Sunday and sampled on Monday. It was practically raw milk, and although investigations failed to reveal any cause for such failures, it was obvious that something very extraordinary had occurred. A severe warning was given to the dairy concerned, and no further trouble was experienced.

In addition 33 samples of Tuberculin-tested (raw) milk were collected and none failed the methylene blue test. These supplies are given

special attention by way of biological examination in view of the fact that they are raw milks. During the year twenty-five samples were examined by the guinea-pig test for the presence of the organisms of tuberculosis and abortus fever, but in no case were any of these organisms detected.

The efficiency of the washing of school milk bottles at the dairies licensed by the County Council was checked by the collection of 180 washed school milk bottles from these dairies when the sampling officers were visiting for the purpose of other sampling under the Milk and Dairies Regulations. No coliform bacilli were found in any of the bottles. On the colony count test (a test for the bacteriological cleanliness of the bottles) 175 were found to be satisfactory, two fairly satisfactory, and three unsatisfactory. Appropriate action was taken in the latter cases.

It is thus seen that a considerable amount of work is carried out to try to ensure that each day while the schools are open, the whole of the 110,000 or so pupils who receive school milk receive an article which is clean and free from all pathogenic organisms and is delivered in clean, undamaged containers.

It is inevitable that the occasional complaint arises. One instance is given above of a dairy which caused the Department considerable concern in the first half of the year, but fortunately this problem has now disappeared. Several other incidents occurred during the year. In certain cases glass and other foreign bodies were concerned, and these complaints were dealt with by the County Weights and Measures Department. Another case, in which a dirty bottle was concerned, was dealt with jointly by the local health department and the County Health Department, and the supplier concerned was given a severe warning.

Towards the end of the year, some concern was felt regarding supplies of school milk to a number of schools in the administrative county from a pasteurising establishment in the area of an adjoining County Borough Council. Several incidents occurred, and after warnings, court proceedings were instituted by the Food and Drugs authority concerned (not the County Council in this case) and the firm were fined £20 in each of two cases of dirty school milk bottles and £50 for supplying a bottle of school milk containing a fly. The County Health Inspector then visited the dairy in question by arrangement with the County Borough Council concerned, made an inspection, and interviewed the Managing Director, after which a very strong warning was issued by the Clerk of the County Council to the Dairy Company that any further complaints could only lead to cancellation of the school milk contract. Since that time no further complaints of a similar nature have been received concerning this Dairy. Incidentally, the Managing Director of this Dairy Company, in his reply to the Clerk, pointed out that in many cases bottles were returned from the schools in a very dirty condition.

It is true, of course, that in the majority of cases the bottles are returned from schools in reasonable condition so that they can be satisfactorily washed by the normal dairy procedures but cases do occur where bottles are returned in a bad condition.

In this connection, the Department never ceases to appeal to all concerned to see that milk bottles are completely emptied, all caps and straws removed, and the bottles returned to the dairy immediately. The dairies have the heavy legal responsibility for seeing that every bottle is clean before it is refilled with milk, and under these circumstances it is felt that the schools should do what they can to see that the task of the dairies is not made unnecessarily difficult.

SCHOOL MILK SAMPLES AND EXAMINATIONS, 1960.

	Total Samples Collected	Phosphatase Test		Methylene Blue Test*	
		Passed	Failed	Passed	Failed
Pasteurised	1672	1667	5	1597	3
Tuberculin-tested (raw)	33	33	—	31	—
	1705	1700	5	1628	3

*The Methylene Blue test was void in 74 cases because of high atmospheric shade temperature.

At the end of 1960, the position in the county regarding school milk supplies could be summarised as follows:—

Type of Milk	Schools sampled by Cheshire C.C.		Schools sampled by Crewe M.B.C.		No. of Children ‡ supplied	
	No. of different supplies of milk	No. of schools supplied	No. of different supplies of milk	No. of schools supplied	Total	As % of Total
Pasteurised	28	631*	1	30†	110,250	99·80
Tuberculin-tested (raw)	8	8§	—	—	226	0·20
TOTALS:	36	639	1	30	110,476	—

* Includes 103 Non-Maintained Schools.

† Includes 1 Non-Maintained School.

‡ Figures obtained from a census taken on a selected day in October, 1960.

§ Includes 3 Non-Maintained Schools.

(The milk in Schools Scheme has applied to Non-Maintained schools since 1st September, 1956, and all children attending both Maintained and Non-Maintained Schools are entitled to one-third of a pint of milk free daily).

HANDICAPPED CHILDREN

Numbers Attending Special Schools, 1960.

BLIND AND PARTIALLY SIGHTED	Boys	Girls	Total
Birkenhead, Sight Saving Classes	1	2	3
Chorley Wood, College for the Blind	—	2	2
Coventry, Exhall Grange School for Partially Sighted	5	3	8
Kettering, Rushton Hall	1	—	1
Kingswinford, Sunshine House	1	—	1
Leamington Spa, Sunshine House School for Blind Infants	1	—	1
Liverpool, St. Vincent's School for Catholic Blind	3	3	6
Liverpool, Wavertree School for the Blind	6	3	9
Old Trafford, Henshaw's Institution for the Blind	4	1	5
Preston, Fulwood School for the Partially Sighted	6	2	8
Seaford, Blatchington Court	1	—	1
Shrewsbury, Condover Hall	2	—	2
Shrewsbury, Royal Normal College for the Blind	2	—	2
Southport, Sunshine House Nursery School	2	—	2
Wellington, Overley Hall Sunshine Home	—	1	1
Worcester, College for the Blind	3	—	3
DEAF AND PARTIALLY DEAF			
Burton-on-Trent, Needwood School for the Partially Deaf	2	4	6
Harewood, Bridge House School	1	—	1
Liverpool, Crown Street Day School for the Deaf	1	—	1
Manchester, Royal Residential Schools for the Deaf	38	38	76
Newbury, Mary Hare Grammar School	—	2	2
Penn, Raynor's School	—	1	1
Southport, Liverpool School for Partially Deaf	17	13	30
Stoke-on-Trent, North Staffordshire School for the Deaf	1	—	1
DELICATE AND VARIOUS			
Ashton-under-Lyne, General Hospital	5	8	13
Bebington, Clatterbridge Hospital	135	108	243
Birkenhead, St. Catherine's Hospital	16	11	27
Bury, Summerseat Open-Air School	—	1	1
Chester Hospitals	12	11	23
Congleton, Gt. Moreton Hall School	3	—	3
Frankby, Torpenhow Open-Air School	112	69	181
Heswall, Cleaver Hospital	6	5	11
Heswall, Royal Liverpool Children's Hospital	7	5	12
Leasowe, Open-Air School	8	8	16
Little Bromwich Hospital	1	1	2
Liverpool, Alder Hey Children's Hospital	6	10	16
Macclesfield, West Park Hospital	41	35	76
Manchester, Booth Hall Hospital	4	3	7
Manchester, Royal Manchester Children's Hospital	5	6	11
Marple, Children's Hospital	6	3	9
Salford, Hope Hospital Special School	1	3	4
Southport, Children's Convalescent Home	2	1	3
Stockport, Cherry Tree Hospital	9	14	23

DELICATE AND VARIOUS.....continued				Boys	Girls	Total
Stockport, Stepping Hill				6	—	6
Stoke, City General Hospital				2	1	3
Styal, Open-Air School				—	1	1
Thingwall Hospital Special School				2	6	8
Ventnor, St. Catherine's Home					1	1
West Kirby, Children's Convalescent Home and School				7	7	14
Wythenshawe, Hospital School				17	7	24

EDUCATIONALLY SUB-NORMAL

Aberdeen, Camphill School (Rudolf Steiner)				2	1	3
Audenshaw, Hawthorns Day Special School				1	—	1
Bolton, Eden Grove School				1	—	1
Bradford, Grange Street Day School				—	1	1
Capenhurst, Capenhurst Grange School				—	46	46
Cockerham, Crookhey Hall School				2	—	2
Grappenhall, Grappenhall Hall School				112	—	112
Liverpool, Allerton Priory R.C. School				—	1	1
Longridge, Woodville School				1	1	2
Middlewich, Bostock Hall				—	2	2
Reigate, Salmon's Cross School				2	—	2
Ringwood, West Mount (Rudolf Steiner)				1	1	2
Ripon, Spring Hill School				1	—	1
Southborough, Meadow House School				1	—	1
Stroud, Farmhill House School				1	—	1
Thelwall, Massey Hall Residential School				—	1	1
Tunbridge Wells, Broomhill Bank School				—	1	1
Whaley Bridge Taxal Lodge School				1	—	1
Worcester, Besford Court Residential School				1	—	1
Wythenshawe, Park Day School				—	2	2

EPILEPTIC

Alderley Edge, Colthurst House School				5	3	8
Chelford, Soss Moss School				—	1	1
Kendal, Sedgwick House School				1	—	1
Lingfield, School for Epileptics				1	—	1
Liverpool, Maghull School				4	3	7

MALADJUSTED

Harmer Hill, Shotton Hall School				3	—	3
Thelwall, Chaigeley				2	—	2
Towcester, Potterspury Lodge				1	—	1
Long Hope, Salesian School				3	—	3

PHYSICALLY HANDICAPPED

Crippled (non-tuberculous)

Alton, Lord Mayor Treloar Hospital				1	—	1
Alverstoke, Sunshine House School				—	1	1
Aylesbury, Stoke Mandeville Hospital				2	—	2
Bebington, Clatterbridge Hospital				12	9	21
Biddulph, Orthopaedic Hospital				3	2	5
Bolton, Birtenshaw Hall Special School				2	—	2

PHYSICALLY HANDICAPPED— <i>continued</i>	Boys	Girls	Total
Cardiff, Craig-y-Parc, Pentrych	1	—	1
Cheadle, Bethesda Home for Crippled Children	11	5	16
Exeter, St. Loyes College	1	—	1
Glossop, Talbot House School	—	1	1
Harpenden, Elmfield School	—	2	2
Heswall, Royal Liverpool Children's Hospital	1	1	2
Killinghall, Ian Tetley Hospital Home	3	—	3
Leasowe, Open-Air School	2	7	9
Leatherhead, Queen Elizabeth's Training College	1	—	1
Liverpool, Children's Rest School of Recovery	4	3	7
London, Halliwick Cripples' School	—	2	2
London, Gt. Ormond St.	3	—	3
Manchester, Booth Hall Hospital School	1	—	1
Marple, Children's Orthopaedic Hospital	5	9	14
Mobberley, Margaret Barclay Special School	2	3	5
Oswestry, Derwen Cripples' Training College	1	—	1
Oswestry, Orthopaedic Hospital	31	36	67
Southport, The Bradstock Lockett School	2	1	3
Wellingborough, Hinwick Hall	1	—	1
West Didsbury, Lancasterian Special Day School	—	3	3

Heart

Bebington, Clatterbridge Hospital	1	3	4
Heswall, Royal Liverpool Children's Hospital	2	2	4
Leasowe, Open-Air Hospital	—	1	1
Macclesfield, West Park Hospital	1	2	3
Rainhill, St. Joseph's Heart Hospital	—	1	1
West Kirby, Children's Convalescent Home and Special School	1	—	1

Tuberculosis

Abergele, Chest Hospital	—	2	2
Bebington, Clatterbridge Hospital	3	3	6
Heswall, Cleaver Hospital	9	9	18
Leasowe, Open-Air Hospital	1	1	2
Marple, Children's Orthopaedic Hospital	3	1	4
Macclesfield, West Park Hospital	—	1	1
Wrightington Hospital Special School	1	2	3

Resident in Boarding Homes and Attending Ordinary Schools, 1960

DIABETIC	Boys	Girls	Total
Kersal, St. George's Hostel	1	—	1
 MALADJUSTED			
Preston, The Larches Hostel	1	—	1

MEDICAL INSPECTION RETURNS

Year ended 31st December, 1950

TABLE I

Medical Inspection of Pupils attending Maintained
Primary and Secondary Schools

A.—PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By year of birth)	Number In- spected	Physical Condition of pupils inspected		Pupils found to require treatment (excluding dental diseases and infestation with Vermin)		
		Satis- factory	Unsatis- factory	For defec- tive vision (excluding squint)	For any of the other conditions recorded in table III	Total individual pupils
1956 and later	182	182	—	1	16	16
1955	5471	5444	27	60	510	565
1954	5832	5816	16	98	550	643
1953	2350	2344	6	80	183	260
1952	1789	1789	—	66	77	140
1951	2849	2836	13	199	207	395
1950	5804	5781	23	370	435	791
1949	4117	4109	8	273	250	522
1948	1359	1355	4	82	93	169
1947	1969	1969	—	125	91	212
1946	4547	4537	10	377	314	678
1945 and earlier	5601	5593	8	490	254	739
Total	41870	41755	115	2221	2980	5130

The physical condition of 99.73% of the total number of pupils examined at periodic inspections was considered satisfactory.

B.—OTHER INSPECTIONS

Number of Special Inspections	—	—	—	—	4205
Number of Re-Inspections	—	—	—	—	12350
Total	—	—	—	—	16555

TABLE II.

Infestation with Vermin

(i) Total number of individual examinations of pupils in schools by the school nurses or other authorised persons	.....	142280
(ii) Total number of <i>individual</i> pupils found to be infested	.....	3828
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	— — — — —	1502
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	— — — — —	162

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1960
A—PERIODIC INSPECTIONS

Defect Code No. (1)	Defect or Disease (2)	PERIODIC INSPECTIONS								TOTAL	
		Entrants		Leavers		Others					
		Requiring treatment (3)	Requiring observation (4)	Requiring treatment (5)	Requiring observation (6)	Requiring treatment (7)	Requiring observation (8)	Requiring treatment (9)	Requiring observation (10)		
4	Skin	91	161	130	112	184	168	405	441		
5	Eyes—										
	(a) Vision	259	507	890	825	1072	1053	2221	2385		
	(b) Squint	219	170	36	61	101	128	356	359		
6	(c) Other	31	48	26	56	47	58	104	162		
	Ears—										
	(a) Hearing	62	289	24	69	49	149	135	507		
	(b) Otitis Media	31	89	16	31	15	71	62	191		
	(c) Other	11	88	4	22	14	68	29	178		
7	Nose and Throat	362	1806	48	243	163	816	573	2865		
8	Speech	140	260	10	25	54	84	204	369		
9	Lymphatic Glands	11	1055	2	218	4	373	17	1656		
10	Heart	29	110	9	83	19	88	57	286		
11	Lungs	74	352	33	95	48	212	155	659		
12	Developmental—										
	(a) Hernia	21	54	3	4	8	26	32	84		
	(b) Other	24	149	7	32	28	93	59	274		
13	Orthopaedic—										
	(a) Posture	19	96	30	136	61	228	110	460		
	(b) Feet	120	299	47	156	139	267	306	722		
	(c) Other	83	300	61	181	84	225	228	706		
14	Nervous System—										
	(a) Epilepsy	10	18	12	10	17	15	39	43		
	(b) Other	11	37	7	8	15	47	33	92		
15	Psychological—										
	(a) Development	11	81	6	64	8	109	25	254		
	(b) Stability	22	194	3	106	34	173	59	473		
16	Abdomen	19	69	27	23	32	71	78	163		
	Other	51	184	49	61	76	188	176	433		

TABLE III. (Continued)

B.—SPECIAL INSPECTIONS

Defect Code No.	Defect or Disease	Special Inspections	
		Requiring Treatment	Requiring Observation
(1)	(2)	(3)	(4)
4	Skin	45	22
5	Eyes— <i>a.</i> Vision	341	250
	<i>b.</i> Squint	18	24
	<i>c.</i> Other	12	12
6	Ears— <i>a.</i> Hearing	41	106
	<i>b.</i> Otitis Media	5	8
	<i>c.</i> Other	4	4
7	Nose and Throat	68	159
8	Speech	64	81
9	Lymphatic Glands	4	51
10	Heart	7	51
11	Lungs	18	96
12	Developmental—		
	<i>a.</i> Hernia	2	7
	<i>b.</i> Other	9	12
13	Orthopaedic—		
	<i>a.</i> Posture	22	33
	<i>b.</i> Feet	27	56
	<i>c.</i> Other	28	46
14	Nervous system—		
	<i>a.</i> Epilepsy	17	16
	<i>b.</i> Other	5	13
15	Psychological—		
	<i>a.</i> Development	23	82
	<i>b.</i> Stability	22	65
16	Abdomen	15	18
17	Other	34	75

TABLE IV.

**Treatment of Pupils attending Maintained
Primary and Secondary Schools.**

GROUP 1.—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	1172
Errors of Refraction (including squint)	9176
Total	10348
Number of pupils for whom spectacles were prescribed	3860

GROUP 2.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been treated
Received operative treatment	
(a) for diseases of the ear	5
(b) for adenoids and chronic tonsillitis	86
(c) for other nose and throat conditions	21
Received other forms of treatment	635
Total	747
Total number of pupils in schools who are known to have been provided with hearing aids	
(a) in 1960	35
(b) in previous years	78

GROUP 3.—ORTHOPAEDIC AND POSTURAL DEFECTS.

(a) Number of pupils known to have been treated at clinics or out-patient departments	1092
(b) Pupils treated at school for postural defects	56
Total	1148

GROUP 4.—DISEASES OF THE SKIN (excluding uncleanness, for which see Table II).

	Number of cases known to have been treated
Ringworm— (i) Scalp	1
(ii) Body	2
Scabies	3
Impetigo	1
Other skin diseases	—
Total	7

GROUP 5—CHILD GUIDANCE TREATMENT.

No. of pupils receiving treatment at Child Guidance Clinics	141
---	-----

GROUP 6—SPEECH THERAPY

Total number of sessions at Clinics	2050
No. of pupils referred for Speech Therapy	421
No. of pupils treated	393
Total attendances at Clinics	15262
No. of visits to Schools	221
No. of children examined at Schools	329
No. of visits to the homes of pupils	359

GROUP 7—OTHER TREATMENT GIVEN.

Miscellaneous Minor Ailments	2541
Pupils who received B.C.G. vaccination	10067
U.V.L. treatment	329

TABLE V

Dental Inspection and Treatment carried out by the Authority

(1) Number of pupils inspected by the Authority's Dental Officers—			
(a) At Periodic Inspections	81570		
(b) As Specials	8340		
	Total (1)	89910	
(2) Number found to require treatment	54555		
(3) Number offered treatment	46326		
(4) Number actually treated	26481		
(5) Number of attendances made by pupils for treatment, including those recorded at heading 11 (h) overleaf	49665		
(6) Half-days devoted to : Periodic (School) Inspection	743		
Treatment	7817		
	Total (6)	8560	
(7) Fillings Permanent Teeth	37305		
Temporary Teeth	5463		
	Total (7)	42768	
(8) Number of teeth filled : Permanent Teeth	29346		
Temporary Teeth	4944		
	Total (8)	34290	

(9) Extractions :	Permanent Teeth	—	—	10511
	Temporary Teeth	—	—	23251
			Total (9)	<u>33762</u>
(10) Administration of general anaesthetics for extraction—				<u>9817</u>
(11) Orthodontics :				
(a) Cases commenced during the year	—	—		189
(b) Cases carried forward from the previous year	—	—		178
(c) Cases completed during the year	—	—		156
(d) Cases discontinued during the year	—	—		44
(e) Pupils treated with appliances	—	—		360
(f) Removable appliances fitted	—	—		184
(g) Fixed appliances fitted	—	—		53
(h) Total attendances	—	—		<u>1714</u>
(12) Number of pupils supplied with artificial dentures	—	—		<u>236</u>
(13) Other Operations :	Permanent Teeth	—	—	7776
	Temporary Teeth	—	—	1955
			Total (13)	<u>9731</u>

TABLE VI.
Number of handicapped pupils examined in School.

Defect	Number of	
	New Cases	Re-exams.
Blind	1	—
Partially Sighted	13	20
Deaf	2	6
Partially Deaf	21	35
Delicate	38	116
Diabetic	17	12
E.S.N.	59	244
Epileptic	20	89
Maladjusted	1	2
Physically Handicapped	57	213
Speech Defect	22	51

TABLE VII.

Medical Examinations at School Clinics	—	—	—	—	2436
Number of children examined for part-time employment	—	—	—	—	1040
Number of Special Reports completed on children examined at—					
Schools	—	—	—	—	310
School Clinics	—	—	—	—	308
Homes of Pupils	—	—	—	—	650
					1268

LIST OF SCHOOL CLINICS

Clinic	Address	Type of Clinic	Day held
ALSAGER	15, Centre Court, Alsager.	Minor Ailment Doctor's Sessions E.N.T. Eye	Fri. a.m. 1st & 3rd Fri. (11 a.m.—12-15 p.m.)* 3rd Fri. p.m. 1st & 3rd Wed. a.m.
ALTRINCHAM	12, The Mount, Altrincham. 145, Park Road, Timperley. 69 Station Bldgs, Altrincham.	Minor Ailment Doctor's Sessions Minor Ailment Doctor's Sessions Speech	Mon. a.m. (9-10 a.m.) 2nd and 4th Mon. a.m.* Wed. a.m. 1st & 3rd Wed. a.m.* Tues. p.m. Fri. a.m. & p.m.
BARNTON	Methodist School Room, Runcorn Road, Barnton.	Minor Ailment	2nd & 4th Wed. p.m. (2-2-30 p.m.)
BEBINGTON	Council Offices, Bromborough. 218, Bebington Road, Bebington. St. Mark's Parish Room, Grove Street, New Ferry.	Minor Ailment Doctor's Sessions Speech Minor Ailment Doctor's Sessions Eye	4th Tues. a.m. 4th Tues. a.m.* Tues. a.m. & p.m. Wed. a.m. and p.m. Wed. a.m. Wed. a.m.* Fri. a.m. & 3rd Sat. a.m.
BOLLINGTON	Wellington Rd., Bollington, Macclesfield.	Minor Ailment Doctor's Sessions Eye	1st Tues. a.m.* 1st Tues. a.m.* 2nd Tues. p.m.
BREDBURY	Lower Bents Lane, Bredbury.	Eye	1st, 2nd & 5th Thurs. a.m.
CHEADLE	Brookfield, Wilmslow Road, Cheadle.	Minor Ailment Doctor's Sessions Eye E.N.T. Speech Lip Reading Classes	1st Mon. a.m. 1st Mon. a.m.* Tues. a.m. 4th Wed. p.m. Mon. a.m. & p.m. Tues. a.m. Thursday a.m.
CHEADLE HULME	Parish Hall, Church Road, Cheadle Hulme.	Eye	2nd & 3rd Thurs. a.m.
CONGLETON	Park Street, Congleton.	Minor Ailment Doctor's Sessions E.N.T. Eye Speech	1st Friday a.m.* 1st Friday a.m.* 4th Tues. p.m. 2nd Wed. p.m. Tues. p.m.

*If required

CREWE	201 Edleston Rd., Crewe.	Speech	Wed. a.m. & p.m.
	Ludford Street, Crewe.	Minor Ailment Doctor's Sessions E.N.T. Eye Paediatric	Monday a.m.* Mon. & Wed. a.m.* 3rd Wed. a.m. 1st, 2nd, 4th & 5th Fri. a.m. 3rd Fri. p.m.
	Stalbridge Road, Crewe.	Minor Ailment Doctor's Sessions Eye Paediatric Lip Reading Classes	Tues. a.m. Tuesday a.m.* 2nd & 4th Fri. p.m. 1st Fri. p.m. Tuesday p.m.
DUKINFIELD	King Street, Dukinfield.	Minor Ailment Doctor's Sessions E.N.T. Eye	Tuesday a.m. Tues. a.m.* 4th Mon. p.m. 1st, 2nd & 4th Fri. p.m.
ELLESMERE PORT	York Road, Ellesmere Port.	Minor Ailment Doctor's Sessions E.N.T. Eye Speech	Thursday a.m. Thurs. a.m.* Alt. Mon. a.m. Fri. a.m. Tues. a.m.
FRODSHAM	The Rock Clinic, High Street, Frodsham.	E.N.T. Eye Speech	Odd Mths. 3rd Thurs. a.m. 4th Thurs. a.m. 2nd Wed. a.m. Thursday a.m.
HALE	Lister House, 9 Broomfield Lane, Hale.	Minor Ailment Doctor's Sessions Eye	Friday p.m. 1st & 3rd Friday p.m.* Tues. a.m.
HAZEL GROVE	253, London Rd., Hazel Grove.	Minor Ailment Doctor's Sessions E.N.T. Eye Speech	2nd Tues. a.m. 2nd Tues. a.m.* 1st Fri. p.m. odd mths. 1st & 4th Thurs. a.m. Mon. a.m.
HESWALL	Telegraph Road, Heswall.	Minor Ailment Doctor's Sessions Eye Speech Lip Reading Classes	1st Tuesday p.m. 1st Tues. p.m.* 2nd & 4th Fri. p.m. Fri. a.m. & p.m. Mon. & Fri. a.m.
HOLLING- WORTH	Wedneshaugh Green, Hollingworth.	Minor Ailment	1st & 3rd Thurs. p.m.
HOOLE	55, Hoole Road, Hoole.	Minor Ailment Doctor's Sessions Eye Speech	1st Monday p.m.* 1st Monday p.m.* 2nd & 5th Thurs. p.m. Fri. a.m. & p.m.

*If required

HOYLAKÉ	Broomfield, Meols Drive, Hoylake.	Minor Ailment Doctor's Sessions Eye Speech	Friday (9-10 a.m.) Friday a.m.* 1st & 3rd Fri. p.m. Mon. a.m. & p.m.
HYDE	Reform Club Buildings, Market Place, Hyde.	Minor Ailment Doctor's Sessions Eye (Specialist) Speech	Monday a.m. Mon. a.m.* 1st Tues. a.m. 3rd. Fri. p.m. Wed., Thurs. a.m. & p.m.
KNUTSFORD	County Offices, Bexton Road, Knutsford.	Minor Ailment Doctor's Sessions Eye Speech	2nd & 4th Wed. a.m. 2nd & 4th Wed. a.m.* 3rd Thurs. p.m. Tuesday a.m.
LITTLE SUTTON	Chester Road, Little Sutton,	Speech Lip Reading Classes	Tues. p.m., Wed. a.m. & p.m. Wed. a.m., Fri. p.m.
LYMM	29, Eagle Brow, Lymm.	Minor Ailment Doctor's Sessions Eye	2nd Wed. p.m. 2nd Wed. p.m.* 4th & 5th Thurs. p.m.
MACCLESFIELD	Hurdsfield House, Brocklehurst Ave., Macclesfield.	Lip Reading Classes	Friday a.m.
	Pierce Street, Macclesfield.	Minor Ailment Doctor's Sessions E.N.T. Eye	Tues. & Friday 9-15-10 a.m. Friday a.m.* 3rd Mon. a.m. 1st Mon. p.m. 1st, 3rd & 4th Tues. p.m., 4th Thurs. a.m.
	52, Bridge St., Macclesfield.	Speech	Thurs. a.m. & p.m. & Fri. a.m.
MARPLE	Stockport Rd., Marple.	Minor Ailment Doctor's Sessions Eye Speech	Wed. a.m. Wed. a.m.* 3rd Thurs. a.m. Tues. a.m. & p.m.
MIDDLEWICH	The Priory, 85, Wheelock St., Middlewich.	E.N.T. Eye	Even Mths. 4th Thurs. a.m. 3rd Tues p.m.
NANTWICH	The Dowery, Barker Street, Nantwich.	Minor Ailment Doctor's Sessions Eye Speech	2nd & 4th Mon. a.m.* 2nd & 4th Mon. a.m.* 2nd, 3rd, 4th & 5th Thurs. a.m. Tues. p.m.
NESTON	Mellock Lane Neston.	Minor Ailment Doctor's Sessions Speech Eye	1st Tues. a.m. 1st Tues. a.m.* Thurs. a.m. 1st & 3rd Thurs. a.m.

*If required

NORTHWICH	Parkfield, Middlewich Rd., Northwich.	Minor Ailment	Tues. (1-30-2 p.m.)
		E.N.T. Eye	2nd Wed. a.m. 1st, 2nd & 3rd Thurs. a.m.
		Lip Reading Classes	Tues. & Thurs. a.m.
	Darland House, Winnington Hill, Northwich.	Minor Ailment Paediatric Speech	Tues. (1-30-2 p.m.) 4th Mon. p.m. Mon. a.m. & p.m. Thurs. a.m.
POYNTON	Park Lane, Poynton.	Minor Ailment	3rd Tues. p.m.*
		Doctor's Sessions E.N.T.	3rd Tues. p.m.* Even Mths. 3rd Wed. p.m.
		Eye	2nd Tues. p.m.
RUNCORN	28, Halton Road, Runcorn.	Minor Ailment	2nd Fri. a.m.*
		Doctor's Sessions	2nd Fri. a.m.*
		Eye	Tues. p.m.
		Speech	Mon. a.m. & p.m.
		Lip Reading Classes	Tues. & Thurs. p.m.
SALE	70, Chapel Road, Sale.	Minor Ailment	Wed. a.m.
		Doctor's Sessions	Wed. a.m.*
		Eye	Mon. p.m.
		Speech	Mon. a.m. Thurs. a.m. & p.m.
		Lip Reading Classes	Wednesday a.m.
SANDBACH	Platt Avenue, Sandbach.	Minor Ailment	1st & 3rd Fri. a.m.
		Doctor's Sessions	1st & 3rd Fri. a.m. (9-15 a.m. to 10-30 a.m.)*
		E.N.T.	4th Fri. a.m.
		Eye	2nd, 3rd & 4th Mon. p.m.
		Speech	Tuesday a.m.
STALYBRIDGE	High Street, Stalybridge.	Minor Ailment	Mon. a.m.
		Doctor's Sessions	Mon. a.m.*
		Eye	2nd, 3rd, 4th Tues. a.m.
		Speech	Fri. a.m. & p.m.
STOCKTON HEATH	65 Whitefield Rd. Stockton Heath.	Eye Speech	4th Tues. p.m. Wed. a.m. & p.m.
TARPORLEY	Victory Hall, Tarporeley.	Eye	1st Thurs. p.m.
WEAVERHAM	Church Lane, Weaverham.	Minor Ailment	Fri. a.m.
		Eye Speech	3rd Fri. p.m. Thurs. p.m., Fri. a.m.

*If required

WILMSLOW	3, Alma Lane,	Minor Ailment	1st Thurs. a.m.
	Wilmslow,	Doctor's Sessions	1st Thurs. a.m.*
		Eye	1st Tues. p.m.
		Speech	Wed. a.m. & p.m.
WINSFORD	98, Weaver St., Winsford.	Minor Ailment	Fri. (2-2-30 p.m.)
		E.N.T.	2nd Tuesday p.m.
		Eye	1st Thursday a.m.
			3rd & 4th Thurs. p.m

*If required

